

The Silver Panther Newsletter

SUMMER

2020



**Statewide Coalition of
Presidents of Resident Councils
Executive Board Members**
*Gregory Brooks, Brad Parkhurst,
Jeanette Sullivan-Martinez,
Rita Wissink*



SAVE THE **DATE**

10 **0** **8** **20**
THURSDAY

VIRTUAL VOICES FORUM

More info to follow





VOICES 2020!

THIS YEAR'S FORUM WILL BE DIFFERENT FOR US ALL, BUT THE GOOD NEWS IS, IT WILL ALLOW MORE RESIDENTS TO PARTICIPATE!

IF YOU WANT TO BE FEATURED IN A BRIEF VIDEO MESSAGE ADVOCATING ON NURSING HOME ISSUES OR IF YOU HAVE A QUESTION YOU WANT ANSWERED DURING THE EVENT PLEASE EMAIL SUBMISSIONS TO:

LTCOP@CT.GOV

#OURVOICESLOUDERTHANEVER





State of Connecticut
Department of Aging and Disability Services
Long-Term Care Ombudsman Program
and
Department of Public Health
Office of the Commissioner



6/26/2020

Dear Resident, Family Member or Responsible Party,

The public health guidance changes as we learn more about COVID-19. As guidance develops, it is important to both the State Long Term Care Ombudsman and the Department of Public Health that we continue to communicate to you, providing updates about the measures the State is taking to protect the rights, health and safety of nursing home residents in long-term care communities.

This has been an incredibly difficult time for long-term care residents and family members across the country. Throughout this pandemic our long-term care residents have been the most impacted both by the virus and the restrictions necessary to prevent further spread of the virus. Connecticut's long-term care residents remain a priority and our state health officials continue to offer regular guidance.

We know that the impact of this ongoing isolation has been very traumatic for the residents and family members. However, we also know that providing physical distancing to slow the spread of the virus is an essential part of the plan during this public health crisis. In order to address some of the concerns related to isolation, our public health officials have provided long-term care communities with guidance for visitation which can be reviewed here: <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing--Investigations/Blast-Faxes/2020-55-and-up/Blast-Fax-2020-67-COVID-19-Infection-Control-and-Testing-Guidance.pdf>

CMS has also provided recommendations related to the phases for reopening long-term care communities, and you can review this at: <https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>

The guidance offered the following information to long-term care communities, which is based on testing of residents and staff; the grouping of residents, known as a cohort; and test results:

"Negative/unexposed cohort": Individuals whose test is negative

- These residents can have outdoor visits with a "Visitation Plan" in place.
- Visitors must be screened per facility policies and not allowed into the interior of the building.
- All visitors and residents wear cloth face coverings or procedure masks while visiting.
- **No food or drinks** can be consumed during visits, because that would require taking off their mask.
- Staff will monitor compliance with mask wearing and physical distancing of at least 6 feet apart.
- Visitations should be scheduled, and the number of visitors limited to reduce the risk of exposure to residents.

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- Visitors that do not follow the outlined guidance will be verbally re-educated and if non-compliance continues, they will be asked to leave the visit due to the risk to the resident and the community at large.

“Positive Cohort”: Residents who test positive and will need to remain in isolation for a specific time period.

- Visitation via virtual platforms or window visits should be made available, but not the outdoor visitation described above.
- Residents in this cohort can go outside for fresh air with appropriate precautions and planning.
- Residents in this cohort can spend time socializing among other positive residents with appropriate precautions and planning.

“Observation Cohort”: Residents under observation while the nursing home determines their COVID-19 status.

- Visitation via virtual platforms or window visits should be made available, but not outdoor visits.
- Socializing risks additional exposure and is not recommended. Residents in this cohort can go outside for fresh air with appropriate precautions and planning.

We understand that this period of physical distancing will remain in effect until phase three of the reopening, outlined by CMS, is reached. Our public health officials are working to provide guidance related to each phase and the impact within Connecticut’s long-term care communities.

This is a great deal of information, potentially leaving you with more questions and that is very understandable. Throughout this process the Long-Term Care Ombudsman Program, as well as the Department of Public Health and all other State agencies involved, will be here to provide you with the most up to date and accurate information.

If you have questions related to long-term care, you can contact the Ombudsman Program at: 1-866-388-1888. We also host a Facebook live event on Wednesdays at 5:30 pm. To participate or ask questions, please visit the Connecticut Long Term Care Ombudsman Program’s Facebook Page at <https://www.facebook.com/CTLTCOP>.

Sincerely,



Mairead Painter

State Long-Term Care Ombudsman



Deidre S. Gifford, MD, MPH

Acting Commissioner, Department of Public Health

Commissioner, Department of Social Services

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Frequently Asked Questions (FAQs) on Nursing Home Visitation

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1. What steps should nursing homes take before reopening to visitors?

Nursing homes should continue to follow CMS and CDC guidance for preventing the transmission of COVID-19, and follow state and local direction. Because nursing home residents are especially vulnerable, CMS does not recommend reopening facilities to visitors (except for compassionate care situations) until phase three when:

- There have been no new, nursing home onset COVID-19 cases in the nursing home for 28 days (through phases one and two)
- The nursing home is not experiencing staff shortages
- The nursing home has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents
- The nursing home has adequate access to testing for COVID-19
- Referral hospital(s) have bed capacity on wards and intensive care units

2. The reopening recommendations maintain that visitation should only be allowed for “compassionate care situations.” Do compassionate care situations only refer to end-of-life situations?

While end-of-life situations were used as examples of compassionate care situations in previous CMS memoranda, the term “compassionate care situations” does not exclusively refer to end-of-life situations. For example, for a resident who was living with their family before recently being admitted to a nursing home, the change in their environment and sudden lack of family can be a traumatic experience. Allowing a visit from a family member in this situation would be consistent with the intent of the term “compassionate care situations.” Similarly, allowing someone to visit a resident whose friend or family member recently passed away, would also be consistent with the intent of these situations.

CMS cannot define each situation that may constitute a compassionate care situation. We encourage facilities to consult with state leadership, families, and ombudsman, to help determine if a visit should be conducted for compassionate care. Also, while CMS acknowledges that compassionate care situations may extend past end-of-life situations, we still believe these visits should not be routine, and allowed on a limited basis as an exception to restricting

visitation. We also remind facilities and visitors that all actions to prevent the transmission of COVID-19 should be taken when these visits are allowed. These actions include screening all visitors for symptoms of COVID-19, practicing social distancing, performing hand hygiene (e.g., use alcohol-based hand rub upon entry), and both residents and visitors wearing a cloth face covering or facemask for the duration of their visit.

To help with these visits, nursing homes may decide to create safe spaces within the facility, such as see-through separation walls or other such areas so that residents may physically see their family members (if outside visitation is not conducted). Nursing homes may also consider setting up appointment times to ensure control of the number of visitors at any given time. Additionally, when facilitating visits, facilities should continue to limit the number of visitors allowed in the building at the same time, and limit the number of individuals visiting with any one resident (e.g., two visitors for one resident visit).

Frequently Asked Questions (FAQs) on Nursing Home Visitation

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3. Can facilities use creative means, such as outside visits, to begin to allow for visitation within the CMS and CDC guidelines; even before reaching phase three?

Yes, the reopening guidance does allow for some flexibility for controlled visitation prior to phase three. CMS recognizes the toll of separation from family and other loved ones while at the same time recognizing the need to balance the safety of residents and staff. CMS encourages creative means of connecting residents and family members. For example, there may be safe ways for families to see their loved ones outside the facility. Facilities can create spaces for residents without COVID-19, including those who have fully recovered, to participate in outdoor visitation sessions with their loved ones, such as in courtyards, on patios, or even in parking lots.

Facilities should still ensure all actions for preventing COVID-19 transmission are followed. These actions include, screening all visitors for symptoms and fever, asking both residents and visitors to wear a cloth face covering or face mask, performing hand hygiene (e.g., use alcohol-based hand rub), maintaining social distancing at all times, and ensuring the items in visitation spaces are cleaned and disinfected routinely. If outdoor visitation is conducted, facilities should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing). We also recommend limiting the number of individuals visiting with any one resident (e.g., two visitors for one resident visit).

As more information becomes available at the national, state and local levels, facilities are encouraged to work with their state officials to determine the appropriate level of visitation restrictions within available guidelines from the CDC.

4. Can nursing home residents participate in communal activities before reaching phase 3 of the nursing home reopening plan?

The current CMS guidance is not intended to completely restrict communal activities, except in the case of a resident with symptoms consistent with COVID-19 or a confirmed case. The May 18, 2020 reopening recommendations notes that residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet). Group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation for observation, suspected or confirmed COVID-19 status) with social distancing among residents, appropriate hand hygiene, and use of a cloth face covering or facemask. Facilities may be able to offer a variety of activities while also taking the necessary precautions. For example, book clubs, crafts, movies, and Bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission. CMS sponsors partnership calls in which a number of nursing homes from across the country have shared creative activities that engage residents while still observing infection control practices.

5. What factors should nursing homes consider when making decisions about visitation?

CMS encourages that any decisions to relax requirements or conduct creative alternatives within nursing homes be made in coordination with state and local officials after a careful

Frequently Asked Questions (FAQs) on Nursing Home Visitation

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review of facility-level, community, and state factors/orders. Additionally, state and local officials should consider the following as a part of a comprehensive reopening plan:

- Case status in surrounding community
- Case status in the nursing home(s)
- Staffing levels
- Access to adequate testing for residents and staff
- Personal protective equipment supplies
- Local hospital capacity

These factors should help guide reopening decisions, and decisions related to creative ways to facilitate visitation. For example, a facility with multiple COVID-19 cases should still use caution when deciding to facilitate outdoor visitation. As facilities explore these options, they are still responsible for preventing the transmission of COVID-19.

6. Should residents or visitors who have tested positive for COVID-19 participate in visits?

Residents who are in isolation for observation, for having symptoms consistent with COVID-19, or having been confirmed with COVID-19, should not have in-person visits. Similarly, any visitor that has tested positive or has symptoms consistent with COVID-19, should not come to the facility and refer to CDC guidance for when they can be around others. If a visitor has tested negative for COVID-19, that reduces some of the risks for allowing creative visitation. However, since the time between a negative test and a visit can vary, all actions to prevent the transmission of COVID-19 should still be followed for visitors that have tested negative (e.g., social distancing, face coverings, hand hygiene, etc.).

For residents who are unable to participate in outdoor visits, including residents with symptoms consistent with COVID-19, or who have tested positive for COVID-19, there are still ways to connect with loved ones. For example, CMS notified state survey agencies that Civil Money Penalty (CMP) reinvestment funds may be used for programs that provide residents with adaptive communicative technologies so that they may enjoy virtual visits. Also, facilities can have staff assist residents with sending or reading texts or emails with family. Lastly, we remind facilities and families to leverage the Long-Term Care Ombudsman Program to help families stay connected with their loved ones. More information on these items can be found in a Frequently Asked Questions (FAQ) document published on April 24, 2020 (see questions 2 and 3 of the FAQ attached to CMS memorandum QSO-20-28-NH). The CDC also has recommendations for how individuals can support their loved ones in a nursing home.

7. Are nursing homes required to allow visits from the ombudsman when requested by a resident?

Under sections 1819(c)(3)(A) and 1919(c)(3)(A) of the Social Security Act (the Act), and implementing regulations at 42 CFR 483.10(f)(4)(i)(C), a nursing home is required by law to provide the state ombudsman immediate access to any resident. In CMS memorandum QSO-20-14-NH, we stated that residents still have the right to access the

Frequently Asked Questions (FAQs) on Nursing Home Visitation

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Ombudsman program. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (e.g., by phone or other format) with the Ombudsman program or any other individual listed in 42 CFR 483.10(f)(4)(i). Since ombudsmen are critical resources for residents and their families, nursing homes should facilitate their in-person access as soon as is practicable.

Nursing homes are also required under 42 CFR 483.10(h)(3)(ii) to allow the ombudsman to examine the resident's medical, social, and administrative records as otherwise authorized by State law.

Also, while CMS waived certain requirements related to discharging a resident, such as notifying the Office of the State Long-Term Care Ombudsman prior to discharge, those waivers are only to be used for the purposes of cohorting residents to prevent transmission of COVID-19. For all non-cohorting discharges, facilities must comply with all discharge requirements. For example, per 42 CFR 483.15(c)(3), before a facility transfers or discharges a resident, the facility must notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. Facilities that do not comply with these and all other requirements that have not been waived under section 1135 of the Act are subject to deficiency citation and enforcement action.

1 "COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers" is located at <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>. CMS memorandum QSO-20-25-NH, "2019 Novel Coronavirus (COVID-19) Long-Term Care Facility Transfer Scenarios" is located at <https://www.cms.gov/files/document/qso-20-25-nh.pdf>.

More information about CMS' reopening recommendations can be found in CMS memorandum QSO-20-30-NH. Facilities should also contact their state or local health department for questions related to preventing the transmission of COVID-19. The CDC website continues to offer guidelines for managing and preventing the transmission of COVID-19 in nursing homes.



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
55 FARMINGTON AVENUE • HARTFORD, CT 06105

June 3, 2020

Re: Economic Impact Payments ("Stimulus Payments")

Dear Nursing Home and Rated Housing Administrators:

Section 2101 of Public Law 116-136, known as the "CARES Act," authorized the Internal Revenue Service to issue economic impact payments, or "stimulus payments" of up to \$1,200 per individual and an additional \$500 for each dependent child. As explained in more detail below, these stimulus payments will be excluded by the Department of Social Services (DSS) for varying periods of time, depending on the program in question, and therefore should not be treated as applied income available to cover the cost of a beneficiary's stay at a nursing home, residential care home, intermediate care facility, or rated housing facility.

The stimulus payments authorized by the CARES Act are technically tax rebates. Accordingly, pursuant to 26 U.S.C. § 6409¹, such payments may not be considered as income in the month of receipt or as an asset for twelve months after receipt when determining whether and to what extent the recipient is eligible for federal means-tested public assistance programs. As a result, as long as the stimulus payment is spent within twelve months of receipt, DSS will not consider these payments when determining whether an individual is eligible to have Medicaid pay for the cost of his or her nursing-home care, or when calculating the amount a beneficiary must contribute to the cost of his or her own care. Consequently, a stimulus payment directly deposited into a Medicaid beneficiary's personal needs account is not available to cover the cost of the beneficiary's stay at a nursing facility, and any such payment received by a nursing facility acting as a representative payee should be deposited into the beneficiary's account.

In addition, on April 21, 2020, Governor Lamont issued Executive Order 7CC² in response to the ongoing COVID-19 public emergency. In relevant part, the order provides that the stimulus payments "shall not be counted as income or resources when determining eligibility for, or the amount of, benefits or services funded in whole or in part with state funds." The executive order amends section 1-141(a) of the General Statutes, which excluded a previous stimulus payment as income and as a resource for two months from the date of receipt, and states that the exclusion shall apply to stimulus payments received or applied for during the duration of the public health and civil preparedness emergencies (including any period of renewal).

To ensure that every recipient of the stimulus payment receives protection under the order, DSS interprets this language to mean that the resource exclusion shall apply for the duration of the public health and civil preparedness emergencies, or for two months from the date the stimulus payment is received, whichever

¹ 26 U.S.C. § 6409 provides: "Notwithstanding any other provision of law, any refund (or advance payment with respect to a refundable credit) made to any individual under this title shall not be taken into account as income, and shall not be taken into account as resources for a period of 12 months from receipt, for purposes of determining the eligibility of such individual (or any other individual) for benefits or assistance (or the amount or extent of benefits or assistance) under any Federal program or under any State or local program financed in whole or in part with Federal funds."

² The entire executive order is available at: <https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7CC.pdf>.

is later. Accordingly, DSS will not consider these payments for the duration of the emergencies or for two months from the date of receipt, whichever is later, when determining whether and in what amount an individual is eligible for assistance from state-funded public assistance programs like the State Supplement program administered pursuant to Connecticut General Statutes § 17b-600.

A stimulus payment directly deposited into a State Supplement beneficiary's personal needs account is also not available to cover the cost of his or her stay at a residential care home, intermediate care facility, or rated housing facility during this time, and any such payment received by such a home or facility acting as a representative payee should be deposited into the beneficiary's account.

Questions can be directed to DSS at EligPolicy.DSS@ct.gov.

Sincerely,



Kathleen Brennan
Deputy Commissioner
Department of Social Services



OFFICE OF THE ATTORNEY GENERAL
CONNECTICUT

Tuesday, June 16, 2020

**ATTORNEY GENERAL TONG URGES PUBLIC TO REPORT COVID-19 STIMULUS PAYMENTS
SEIZED BY NURSING HOMES**

(Hartford, CT) – Attorney General William Tong today urged residents of nursing homes, assisted living facilities and residential care homes and their families to report any instances of improperly seized COVID-19 stimulus payments.

Reports have surfaced nationwide that some Medicaid-funded assisted nursing homes, assisted living facilities and residential care homes have improperly seized stimulus payments disbursed pursuant to the Coronavirus Aid, Economic Relief and Security (“CARES”) Act. The CARES Act clearly designates these monies as a tax credit and not a “resource” for purposes of the Medicaid income requirements. Residents and their families should know that CARES stimulus payments are exempt under the Medicaid program and may not be taken.

“These payments belong to the resident, not the facility. Recipients are not required to forfeit their CARES Act payments. If you or a loved one are receiving care at a Connecticut facility and have not received your stimulus payment, I want to hear about it,” **said Attorney General Tong.**

Connecticut residents who may have had their CARES Act payments wrongfully seized are urged to file a complaint with the Connecticut Attorney General’s Office by visiting <https://www.dir.ct.gov/ag/complaint> or calling 860-808-5318.

For more information:

<https://www.ftc.gov/news-events/press-releases/2020/05/ftc-alerts-consumers-about-nursing-homes-assisted-living>

<https://www.consumer.ftc.gov/blog/2020/05/did-nursing-home-or-assisted-living-facility-take-your-stimulus-check>

2020 E-Board

Virtual

Retreat

On July 15th, the Executive Board (Statewide Coalition of Presidents of Resident Councils) held its annual Retreat. Typically, this is a day where E-Board members meet in person to discuss issues related to long term care and to determine what the E-Board priorities will be for the upcoming legislative session.

Due to the COVID-19 pandemic, this year's Retreat provided an opening to try something new and different.

Firstly, we welcomed three Resident Council Presidents from across the state who have expressed interested in Executive Board activities. This was a great opportunity for guests to meet with current E-Board members and ask questions to learn more.

Secondly, our Retreat took place via Microsoft Teams. Although not physically together, E-Board members, guests, and Ombudsman staff were able to see and hear one another on their computer, tablet, or telephone screen. The theme for the Retreat was "Staying Connected" and that resonated throughout the meeting.

Aging and Disability Commissioner, Amy Porter, provided opening remarks which emphasized the importance of residents staying involved and building connections when possible, especially to combat isolation. Commissioner Porter made a point to thank Executive Board members for their participation and perseverance, especially during the COVID-19 pandemic.

State Ombudsman, Mairead Painter, provided a timeline particular to the COVID-19 pandemic and its effect on nursing homes, ensuring to mention Governor and Commissioner orders on testing initiatives and visitation. Mairead also spoke about her advocacy with state and national partners, including the CT

Legislature, specifically on topics related to nursing home staffing levels, individualized care planning, and use of video monitoring in nursing homes.

Regional Ombudsman, Dan Lerman, provided a thorough legislative overview, which included Federal and State legislation. Current Executive Board members spoke about their upcoming priorities, including their agenda to push for better staffing levels in nursing homes.

Despite the distance, the 2020 Annual Executive Board Retreat created a forum where residents could still come together virtually. Although the current pandemic has presented significant challenges and devastation to many of our long-term care communities there does exist silver lining. The use of technology has been cemented in long term care communities, whereby virtual visits, telehealth appointments, and oversight/monitoring activities are now part of “everyday business.” Therefore, increasing an individual’s access to their family and friends, doctors, and community resources.



E-Board Members, Guests, and the LTCOP meeting virtually via Microsoft Teams





World Elder Abuse Awareness Day

June 15th

World Elder Abuse Awareness Day (WEAAD) was launched on June 15, 2006 by the International Network for the Prevention of Elder Abuse and the World Health Organization at the United Nations.

The Purpose of WEAAD is to provide an opportunity for communities around the world to promote a better understanding of abuse and neglect of older persons by raising awareness of the cultural, social, economic and demographic processes affecting elder abuse and neglect.

In addition, WEAAD is in support of the United Nations International Plan of Action acknowledging the significance of elder abuse as a public health and human rights issue. WEAAD serves as a call-to-action for individuals, organizations, and communities to raise awareness about elder abuse, neglect, and exploitation.

During a press conference on June 15, 2020, Lt. Governor Bysiewicz was joined by Department of Consumer Protection Commissioner Michelle H. Seagull; Department of Aging and Disability Services Commissioner Amy Porter; Department of Mental Health and Addiction Services Commissioner Dr. Miriam Delphin-Rittmon; Mairead Painter, Connecticut State Long Term Care Ombudsman; Department of Social Services Deputy Commissioner Kathleen Brennan; Dorian Long, Social Work Services Director for the Department of Social Services; Barbara Cass, Branch Chief for Healthcare Quality and Safety for the Department of Public Health; Department of Banking Outreach Coordinator Kathleen Titsworth; and AARP-CT State Director Nora Duncan.

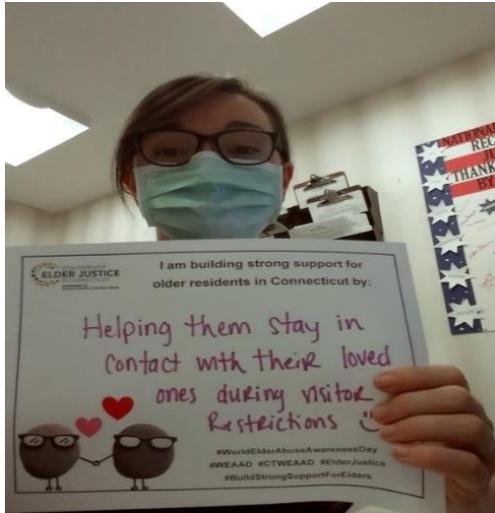
“Every day, our state agencies are working tirelessly to protect our seniors and ensure they have the support systems needed to maintain their independence. As we mark World Elder Abuse Awareness Day, its crucial that we come together to prevent elder abuse. Elder abuse can happen to anyone-a family member, coworker, friend, or neighbor. But knowledge is power. By arming our older adults with the education and resources they need to safeguard their personal information and ensure they feel safe in their communities, we can better prevent elder abuse,” said Lt. Governor Bysiewicz.

Many Connecticut Nursing Homes participated in this year’s campaign of World Elder Abuse Awareness Day (WEAAD) and incorporated a variety of recreation activities with the residents to raise awareness. Several facilities shared their photos with the LTCOP.

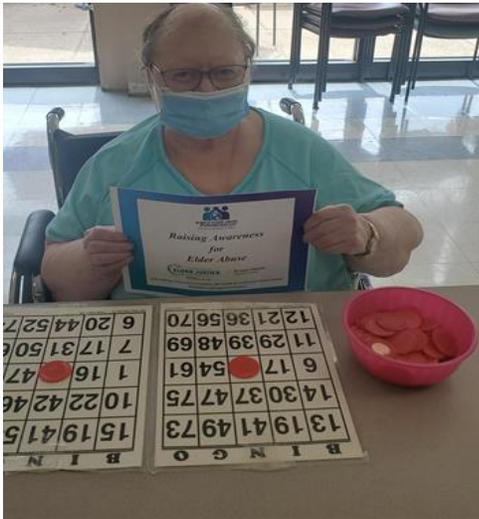
Pendleton Health and Rehabilitation Center:



Regency House Nursing and Rehabilitation Center:



Residents and Family at Ingraham Manor:



Cobalt Lodge Health Care Center:



BEST PRACTICES

The Curtis Home



As you walk down the sidewalk on our outdoor patio, you can glimpse our “positive rocks” in our flower garden. These positive rocks say “giggle,” “you rock,” “sending you love,” “hugs,” “stay strong,” and it goes on and on. The residents and staff at The Curtis Home are reminded of HOPE.

Our residents represent our extended family. The staff come to work to care for our residents and comfort them. They tell jokes, and make the residents smile each day. The staff helps our residents in any way they need during this challenging time, as we know how difficult it is to be away from family and friends. The staff helps the residents to achieve some form of normalcy in this changing world of COVID-19

Even though we wear masks, PPE, and social distance, we continue to make it better for our residents each day. This is done by 1:1 visits, snack and drinks with morning, and afternoon music cart. We also have window, face time, and patio visits with family and friends, small recreation groups, independent activities, and we even had an outside activity of musical entertainment, social distancing with masks in our parking lot, on July 23th, 2020. The music, fresh air, and soaking in the sun was just what the residents needed!

Those “HOPE” rocks are really shining bright right now, and the smiles under the residents’ masks are just what the doctor ordered.

BEST PRACTICES

Bloomfield Health Care Center



This best practice was sent in by administrator, Kimberly Phulgence. She writes how they reopened their salon two weeks ago and it's a hit. The salon is open every Thursday from 10am-3:30pm. Residents schedule appointments through the Recreation Department and staff wash their hair before they head out outdoors to the hair salon. Masks are worn by all and the stylist is screened, have her temp checked and is tested weekly.

The team sets up the salon every Thursday morning. Seeing our residents feel beautiful is more than worth it and honestly, the setup does not take a lot of time. There's also music playing. Life after covid 19 is definitely different BUT it doesn't mean we can't have a sense of normalcy.

BEST PRACTICES

Elim Park Health Care Center

There's just no substitute for time spent together with those we love. Elim Park has utilized a courtyard area to create a comfortable and safe setting for families to reconnect after weeks of isolation turned into months of separation. The shaded courtyard includes a unique "visitation station" for the convenience of families. The 3-sided plexiglass structure is supported by a lightweight aluminum frame and allows for close proximity in an ultra-safe environment. The station is easy to clean between visits and has room for two guests to sit across from one resident.



Since the pandemic, the Life Enrichment team has been arranging virtual family Facetime calls, window visits, hallway bingo and darts, personalized resident care packages, and entertainment via the on-campus TV channel. The team is also busy scheduling outdoor family visits and they're seeing first-hand the positive impact of bringing residents and families together again. "These visits mean everything to us," commented Mary Lou, daughter of Health Care Center resident, Helen. "People need to be with each other." And for Helen, these visits mean just as much. "It's therapy," Helen says without hesitation. "I enjoy just sitting and looking at my daughters," she adds.



Other family members echo this sentiment. For Harriet, whose husband Hank is also a resident, these visits together are just as precious. Harriet would normally visit Hank 2-3 times a day but the virus changed all that. "Elim Park did everything possible for Hank during that time but not being able to be with him during all those weeks was just awful for me." Harriet brings along her iPad and a Bose speaker and plays a full repertoire of music during her visit. "I feel like I can do something for him," she says. "We can share the experience together."

BEST PRACTICES

Meriden Center

At Meriden Center, each resident has a specific Covid-19 care plan that focuses on the availability of: family visits, leisure materials and 1:1 visits for socialization. Leisure materials are available to residents and passed out on a regular basis. We currently do on-unit bingo once a week and snack cart once a week. This month snack highlights include a birthday cake and Klondike Bars. In addition, recreation staff make 'rounds' during the week to visit residents, do trivia or take them outside. We also have done small exercise groups outside. Rehab has also been doing programming outside. The Resident Council continues to meet monthly with small groups or 1:1 visits.

These photos of our residents enjoying a warm, sunny summer day recently were taken outside as they were being engaged in an exercise group. It also gave them the opportunity to socialize with their friends and catch up with what's going on in their lives. Cloth masks were made for our residents by a staff member's parents. Families are welcome to visit via facetime, window visits and/or outside visits. These visits are scheduled with a shared google calendar. Recently, we brought a bed bound resident to the window so she and her family could visit. Outside visits, which are very popular, take place six days a week with shade being provided. There is a tracking mechanism to ensure we are following practices for temp checking, mask wearing, and social distancing. Our families have been a solid part of our success by being as transparent with them as possible with frequent ZOOM meetings, mailings and signage. We have even had guest speakers on our family zoom calls including the Ombudsman and our local Health Department Director.



BEST PRACTICES

Noble Horizons

It is the “Noble Way” to foresee and address the needs of our residents and their families. To this end we constructed a Covid-safe visitation area by utilizing a pre-existing patio. A plexi-glass enclosed porch-like structure was designed and built by our maintenance team. It has the welcoming appearance of a countryside bistro. This new building allows us to keep the residents safe within Noble Horizons while the visitors stay outside of the porch area. Even with the plexi-glass barrier, 6 feet of social distance is maintained.

To ensure a safe environment for visits a detailed procedure was created. We developed a step-by-step process starting with a phone call to the family visitor(s). Careful instructions on where to park and when to arrive at the screening tent are outlined. It is explained that no contact and no exchange of goods or gifts can take place. Upon arrival visitors temperatures are taken and a Covid-19 questionnaire is completed and signed by each individual. All questionnaires are maintained in the unlikely event contact tracing is necessary.

The visitors are required to wear a mask which we provide if needed. Hand sanitizer is also available. The residents are brought to the visitation area also wearing their masks.

Time is allotted between each scheduled visit to thoroughly clean and sanitize the areas used by both visitors and residents.

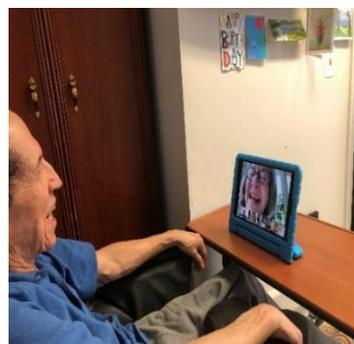
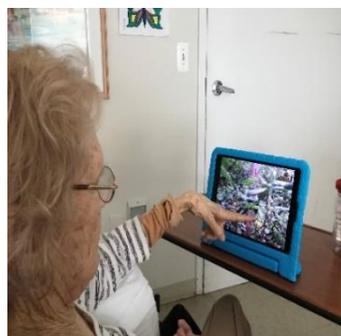
One concern that proved challenging was the inability to clearly hear one another. To solve this dilemma we now use two “1 to1 Communicators” with microphones and headsets available on each side of the plexi-glass. They too are sanitized between each visit.

Feedback from families and Residents has been positive. Gratitude is expressed for our attention to cleanliness, safety, and for providing the opportunity for friends and loved ones to have an ‘in-person’ visit during these unprecedented times.



BEST PRACTICES

Chestelm Health and Rehabilitation Center



Ain't no mountain high enough, ain't no valley low enough, ain't no river wide enough, to keep me from gettin' to you babe..... (Marvin Gaye)

This has been Chestelm Health & Rehabilitation's inspirational song through the COVID-19 Pandemic. We have been lucky to add hours to our Recreation Staffing and Redirect some of our Social Service hours to accommodate our beloved Residents and Families. We currently have 6 Full-Time Recreation and Social Service Staff Members. Initially we increased our in-room activities such as Strolling Music, Personalized Music with iPods, Arts and Crafts, and 1:1 visits. We progressed quickly to FaceTime family visits, Skype Family Visits, and Zoom Family Visits. More recently we were able to add Outdoor Visits with families. We erected outdoor tents to keep residents and families shaded during the hot summer sun. We schedule approximately 150-200 visits per week. We have our Outdoor Visits on our North and South patios or lawns.

Our residents have celebrated birthdays, graduations, and family get togethers outdoors. Residents have even demonstrated a cooking lesson to their family and our staff. We conduct outdoor yoga and other activities during this great summer weather. We have also brought in Casey the Bubble Man. We had many residents who were outdoors, properly spaced and face masked, on a beautiful summer day to enjoy this event.

BEST PRACTICES

Pilgrim Manor at Covenant Village of Cromwell

Pilgrim Manor is a 60 bed Skilled Nursing Center that is part of Covenant Living of Cromwell, a Faith based CCRC located in Cromwell CT. Since the start of the pandemic we have been very proactive in providing alternative methods of communication from our Residents to their Families' and Loved Ones. Within the first week of the pandemic we had developed a Family email distribution called "Healthcare News" which provides important updates about the pandemic to our Families. At the same time, we knew that families would need to see their loved ones, sooner than later, in some form or another. We immediately started Facetime visits with our 2 iPads. We now have 4 iPads active on Facetime, Skype and Zoom thanks to the State of CT and some generous residents in our Independent Living area.

As soon as outdoor visits were permissible, we immediately set up our Gazebo area for visits using a special shatter resistant Lexan to provide an extra layer of safety. The gazebo visits are so popular that it is not uncommon to have 40 visits in a single week. Window visits, in our protected vestibule, remain popular especially in inclement weather. Our Residents long to be close to their loved ones. At Pilgrim Manor we are doing all we can to provide close but safe visits for our Families and Residents during these challenging times.



BEST PRACTICES

Three Rivers Healthcare

Keeping up with the families. The recreation staff and social service have been Zooming with residents and their families using DPH donated iPad's. To stay in touch with each other, some residents have Zoomed from one unit to another. Another communication is connecting a phone to a Bluetooth speaker so residents who are hard of hearing can hear clearly and enjoy the conversation. Management staff contacts families weekly to keep them abreast of facility news or share a sweet story about their loved one. In addition to personal phone calls, our Social Worker sends out a recorded message through Voice Friend to families sharing updates and changes within Three Rivers.

Through this process, Recreation has continued with theme events and programs limiting to small groups and social distanced. We kept our National Nursing Home Week, *Under the Sea* theme for the month of May, June and July. We did seashell crafts, watched under the sea movies, sampled tropical drinks and introduced our remote-control flying fish Nemo, who soared through the facility the whole week. Residents request a visit from Nemo and have shared the flying fish story to their families. Some of our small group programs have been, Bingo, Music with Alexa, Movie Matinee in our large dining room. Recreation continues with 1:1 visit door to door, and Monday afternoons we deliver refreshments from taste of the season e.g. watermelon, cucumber and tomato sandwiches, avocado dip with crackers. It was important to us that we continue our religious programming for the residents. Thanks to Father John who was willing to video himself and upload his sermon to You Tube for us to stream, keeping the residents connected with spiritual messages.

A good ole time enjoyed by all was Cinco De Mayo. We couldn't help celebrating in a safe way because it is such a festive event. The traveling beverage cart was complete with frozen margarita's and plenty of Mexican hat music.



E-Board Corner



Human beings are resilient, determined creatures. We are taught from a young age to develop our individual talents. It takes a lifetime of experiences and wisdom to grasp that our individual goals and dreams might be at cross purposes. We see the road we have paved laid before us. We see many of the obstacles on it and we feel confident in our ability to overcome them. What we fail to see are the by-roads and pathways that lead off the road before us.

Connection is a multi-layered concept. As humans we are interdependent; we come together in families, friendships, villages, towns, and cities. Connection is not merely physical; it is also the need for acknowledgement and understanding. Despite our yearning to be physically close to others, we comprehend there are times, such as during the current Coronavirus Pandemic, when physical closeness poses danger; thus, we follow alternative connections.

Being a nursing home resident during the pandemic has presented many challenges, particularly maintaining connections with those living in the community, as well as family and loved ones. When my home, Beacon Brook, closed its doors to visitors, residents initially remained room-bound to prevent the spread of the coronavirus. Residents were encouraged to share their thoughts written on large posters that were then displayed on the facility Facebook page for family and community viewing. Phone calls, Facetime visits via electronic devices and window visits were encouraged and encouraging. Technology has enabled communication for those living apart that would not have been possible 100 years ago.

Presently, outdoor family visits allow for greater connection albeit mask wearing and social distancing. Small social gatherings within our community allows for conversation and maintaining friendships. We hope that the means which now enable us to connect will have been a temporary measure rather than a replacement for physical connection.

This year's Residents Rights Challenge through the National Consumer Voice is about connection and how we, as humans, remain connected to one another. The following pages contain information on October's Resident Rights challenge and how you can participate.

Rita Wissink

E-BOARD MEMBER



2020 Residents' Rights Month Resident's Voice Challenge

Residents! Display your writing or artistic skills by submitting essays, poems, artwork, or videos related to the theme for Residents' Rights Month 2020 "**Connection Matters.**"

1. Respond to one or more of the following questions:

- Why does connection matter? What does connection mean to you?
- How do you stay connected and engaged with members of your community?
- What are new ways that connection and communication have been maintained during the pandemic? It could be connections with family and friends, members of the larger community, or connections within the facility, such as with other residents and staff.
- What are the challenges to staying connected and how can they be overcome? What resources or supports are needed?

2. Possible entries include:

Video or audio recordings, poems, essays, word collages, songs, artwork or drawings, or photos. Get creative! We especially love video entries! No need for fancy equipment; cell phone video will work great!

Each participant featured in a photo or video must fill out a [release form](#).

3. Mail or email submissions by September 1, 2020 to:

info@theconsumervoice.org

OR

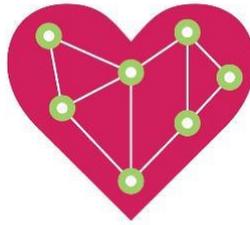
Consumer Voice

Attn: Resident's Voice Submission

1001 Connecticut Avenue, NW, Suite 632

Washington, DC 20036

Questions? Email info@theconsumervoice.org.



Connection Matters

NATIONAL CONSUMER
VOICE FOR QUALITY
LONG-TERM CARE

Reasons Facilities Should Participate in Residents Rights' Month!

1. Educate staff on residents' rights (annual requirement).
2. Build relationships with residents, families, and staff.
3. Promote community involvement in long-term care.
4. Increase community awareness of residents' rights.
5. Highlight the facility's dedication to promote residents' rights and person-centered care

National Long-Term Care Residents' Rights Month will be celebrated in October 2020. Mark your calendars and plan to celebrate! Information and materials for Residents' Rights Month celebrations will be available on the Consumer Voice website at www.theconsumervoice.org.

Direct questions to: info@theconsumervoice.org or 202-332-2275

YOUR HEALTHIEST SELF

Emotional Wellness Checklist

Emotional wellness is the ability to successfully handle life's stresses and adapt to change and difficult times. Here are tips for improving your emotional health:



BRIGHTEN YOUR OUTLOOK

People who are emotionally well, experts say, have fewer negative emotions and are able to bounce back from difficulties faster. This quality is called resilience. Another sign of emotional wellness is being able to hold onto positive emotions longer and appreciate the good times.

To develop a more positive mindset:

- Remember your good deeds.
- Forgive yourself.
- Spend more time with your friends.
- Explore your beliefs about the meaning and purpose of life.
- Develop healthy physical habits.



REDUCE STRESS

Everyone feels stressed from time to time. Stress can give you a rush of energy when it's needed most. But if stress lasts a long time—a condition known as chronic stress—those "high alert" changes become harmful rather than helpful. Learning healthy ways to cope with stress can also boost your resilience.

To help manage your stress:

- Get enough sleep.
- Exercise regularly.
- Build a social support network.
- Set priorities.
- Think positive.
- Try relaxation methods.
- Seek help.



GET QUALITY SLEEP

To fit in everything we want to do in our day, we often sacrifice sleep. But sleep affects both mental and physical health. It's vital to your well-being. When you're tired, you can't function at your best. Sleep helps you think more clearly, have quicker reflexes and focus better. Take steps to make sure you regularly get a good night's sleep.

To get better quality sleep:

- Go to bed and get up each day at the same time.
- Sleep in a dark, quiet place.
- Exercise daily.
- Limit the use of electronics.
- Relax before bedtime.
- Avoid alcohol, nicotine, & stimulants late in the day.
- Consult a health care professional if you have ongoing sleep problems.

**BE MINDFUL**

The concept of mindfulness is simple. This ancient practice is about being completely aware of what's happening in the present—of all that's going on inside and all that's happening around you. It means not living your life on "autopilot." Becoming a more mindful person requires commitment and practice. Here are some tips to help you get started.

To be more mindful:

- Take some deep breaths in through your nose to a count of 4, hold for 1 second and then exhale through the mouth to a count of 5. Repeat often.
- Enjoy a stroll and notice the sights around you.
- Practice mindful eating. Be aware of each bite and when you're full.
- Find mindfulness resources in your local community, including classes, programs, or books.

**COPE WITH LOSS**

When someone you love dies, your world changes. There is no right or wrong way to mourn. Although the death of a loved one can feel overwhelming, most people can make it through the grieving process with the support of family and friends. Learn healthy ways to help you through difficult times.

To help cope with loss:

- Take care of yourself.
- Talk to a caring friend.
- Try not to make any major changes right away.
- Join a grief support group.
- Consider professional support.
- Talk to your doctor if you're having trouble with everyday activities.
- Be patient. Mourning takes time.

**STRENGTHEN SOCIAL CONNECTIONS**

Social connections might help protect health and lengthen life. Scientists are finding that our links to others can have powerful effects on our health—both emotionally and physically. Whether with romantic partners, family, friends, neighbors, or others, social connections can influence our biology and well-being.

To build healthy support systems:

- Build strong relationships with your kids.
- Get active and share good habits with family and friends.
- If you're a family caregiver, ask for help from others.
- Join a group focused on a favorite hobby, such as reading, hiking, or painting.
- Take a class to learn something new.
- Volunteer for things you care about in your community, like a community garden, school, library, or place of worship.
- Travel to different places and meet new people.

Free and confidential Self-Care and Emotional Wellbeing During COVID-19 resources below will help you or a loved one connect with a skilled, trained counselor in your area.

Helplines

<https://www.ioaging.org/services/all-inclusive-health-care/friendship-line> The Friendship Line is a helpline that provides crisis counseling or just friendly conversation to older adults dealing with isolation 1-800-971-0016

<https://www.sageusa.org/what-we-do/sage-national-lgbt-elder-hotline/> This is a dedicated line for LGBT older adults dealing with depression or loneliness 1-877-360-5428

https://aarpcommunityconnections.org/helpful-resources/#using-technology-to-stay-connected?utm_campaign=Home_carousel&utm_source=technology AARP resources for older adults 1-877-333-5885 or 1-888-971-2013 (Spanish)

Warm Lines

What is a Warm Line? Warm Lines are telephone support services staffed by people who have experience/expertise with mutual support. These lines are not crisis lines and the days/hours of operation vary. They can be found <https://portal.ct.gov/DMHAS/Programs-and-Services/Advocacy/Warm-Lines>

For general questions about warm lines, please contact Cheri Bragg, Assistant Director, Office of Recovery Community Affairs: (860) 418-6935 or Cheri.Bragg@ct.gov

Self - Care Resources

Consumer Voice Handout: Taking Care Of You, theconsumervoice.org

This Page Contacts Fact Sheets and Other Resources to Support the Health and Well-being of communities impacted by COVID-19 cstonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response Resources for Providers, Resources for Families and Resources for Leaders

AARP has a new program called friendly virtual visitors. Anyone can sign up to be a friendly virtual visitor (first link). And any resident that has access to a phone has the ability to sign up for virtual visitation (second link). Rec directors and or families can help residents in signing up online as well if residents are interested.

- Individuals can call AARP directly to arrange these calls. Tel# 1-888-281-0145

VA



U.S. Department
of Veterans Affairs

VETERANS

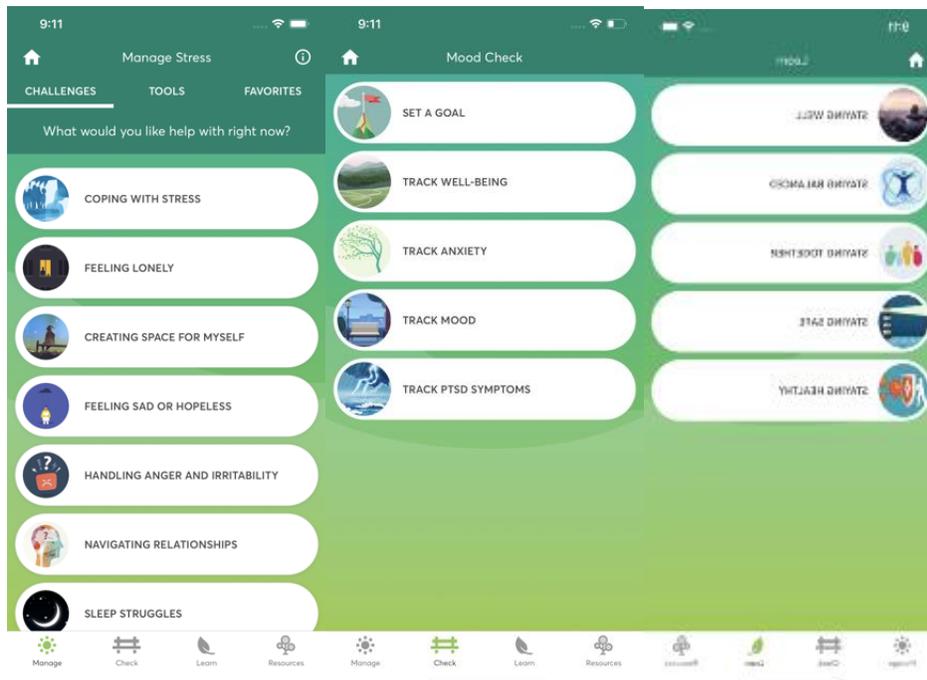
COVID Coach App



Cope with stress & stay well

[US Department of Veterans Affairs \(VA\)](https://www.va.gov)

***free on the App Store for iPhone and iPad**





Substance Abuse and Mental Health
Services Administration

Disaster Distress Helpline

SAMHSA's Disaster Distress Helpline, [1-800-985-5990](tel:1-800-985-5990), provides 24/7, 365-day-a-year national hotline dedicated to providing immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster. This toll-free, multilingual, and confidential crisis support service is available to all residents in the United States. Stress, anxiety, and other depression-like symptoms are common reactions after a disaster. Call [1-800-985-5990](tel:1-800-985-5990) or text **TalkWithUs to 66746** to connect with a trained crisis counselor.

Counseling Services

The Disaster Distress Helpline staff members provide counseling and support before, during, and after disasters and refer people to local disaster-related resources for follow-up care and support. Since its launch in February 2012, the Disaster Distress Helpline has provided counseling and support in response to disasters such as Hurricane Sandy, the Boston Marathon bombing, the Ebola outbreak, and the Coronavirus pandemic. These counselors provide:

- Crisis counseling for people in emotional distress related to any natural or human-caused disaster
- Information on how to recognize distress and its effects on individuals and families
- Tips for healthy coping
- Referrals to local crisis call centers for additional follow-up care and support

When you call or text, crisis counselors will listen to what's on your mind with patience and without judgment. The counselor may ask you for some basic information at the end of the call, but these questions are optional and are intended to help SAMHSA keep track of the types of calls it receives.

Deaf/Hard of Hearing

- Text TalkWithUs to 66746
- Use your preferred relay service to call the [Disaster Distress Helpline](tel:1-800-985-5990) at 1-800-985-5990
- TTY 1-800-846-8517

Spanish Speakers

- Call 1-800-985-5990 and press "2"
- From the 50 States, text **Hablanos to 66746**



**The Connecticut Long Term
Care Ombudsman Program is
now on Facebook!**

www.Facebook.com/ctltcop



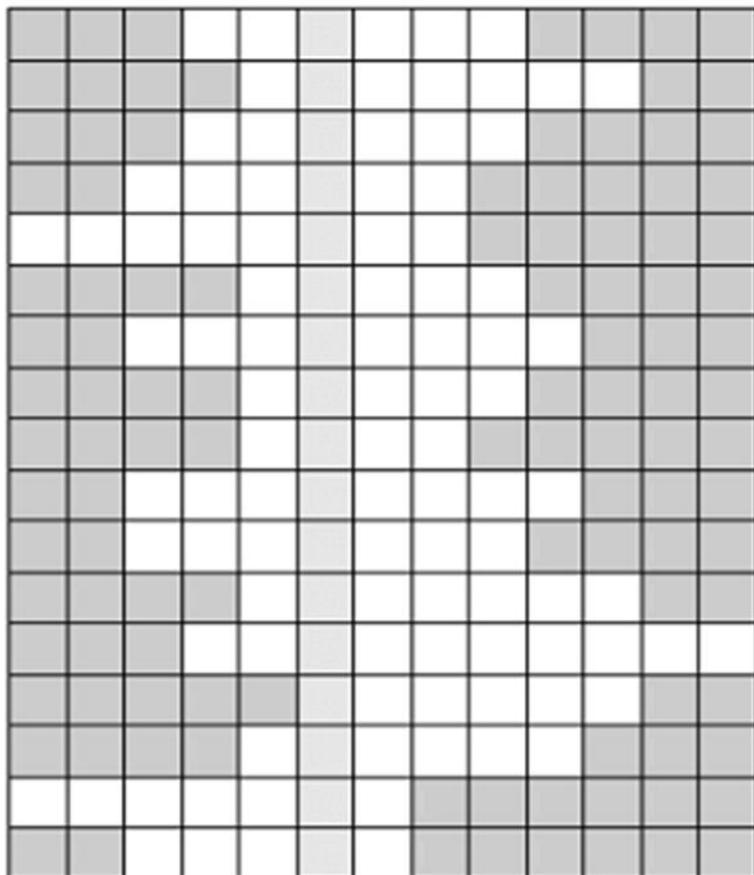
Please visit our page and click “Like”

**Given the current pandemic the State Ombudsman,
Mairead Painter, is holding live Facebook chats on
Wednesdays, at 5:30 pm. Please tune in to have your
questions answered in real time!**

Picnic Word Scramble

Unscramble each picnic-related word and write it in the grid. When you've finished unscrambling all the words, the letters reading down highlighted column will spell two items that you just might need on your picnic! *Hint: Not all of the words are foods.*

1. MAYLIF
2. ERRUGBS
3. STABEK
4. STAPLE
5. NOELDEAM
6. LIGLR
7. DACHWINS
8. MESGA
9. NSAT
10. STOODRUO
11. SCIPELK
12. GIVESGE
13. REELWMANT
14. ROCLOE
15. RICASH
16. TOKOCUO
17. SCIPH



© 2013 www.word-game-world.com



SUMMERTIME

+

R	E	H	F	L	I	P	F	L	O	P	S
E	V	O	K	C	L	I	M	B	W	O	E
B	A	R	B	Q	U	E	L	A	A	O	M
A	C	S	A	N	D	C	A	S	T	L	E
B	A	E	N	A	O	B	D	E	E	K	A
B	T	S	M	O	R	E	S	B	R	A	V
I	I	H	I	K	E	A	R	A	M	O	E
K	O	O	C	W	A	C	H	L	E	T	S
I	N	E	S	B	R	H	A	L	L	I	M
N	X	S	W	I	M	A	F	R	O	M	E
I	L	Y	I	K	E	P	I	C	N	I	C
E	N	O	L	I	W	G	R	I	L	L	A
L	A	B	D	N	A	R	E	L	I	S	M
O	N	D	F	I	T	A	W	C	E	S	P
N	A	I	L	R	E	H	O	T	P	O	G
A	E	L	O	K	R	I	R	O	U	F	N
Y	D	A	W	S	P	M	K	A	P	T	G
B	I	K	E	I	A	N	S	E	L	B	A
A	V	E	R	I	R	S	A	N	D	A	B
E	F	A	S	N	K	E	W	O	I	L	S
C	A	M	P	F	I	R	E	R	A	L	M

swim, bike, dive, pool, beach, vacation, horseshoes, barbque, picnic, camp, campfire, smores, sand, sandcastle, parade, fireworks, baseball, softball, hike, climb, watermelon, hotdog, grill, wildflowers, bikini, flipflops, waterpark, lake

**Statewide Coalition of Presidents of Resident Councils
(SCPRC)
Executive Board Members**

**Gregory Brooks
Quinnipiac Valley Center
Wallingford, CT**

**Brad Parkhurst
New London, CT**

**Jeanette Sullivan-Martinez
Pendleton Health & Rehabilitation Center
Mystic, CT**

**Rita Wissink
Beacon Brook Health
Naugatuck, CT**

**MAIREAD PAINTER
STATE LONG TERM CARE OMBUDSMAN**

860- 424-5200

Desiree Pina - Administrative Assistant

860-424-5239

CONTACT YOUR REGIONAL OMBUDSMAN

TOLL FREE NUMBER

1-866-388-1888

WESTERN

INTAKE NUMBER 203-597-4181

Deborah Robinson - Intake Coordinator

Regional Ombudsmen

Sylvia Crespo, Tasha Erskine-Jackson

SOUTHERN

INTAKE NUMBER 860-823-3366

Stephanie Booth/Desiree Pina - Intake Coordinator

Regional Ombudsmen

Dan Lerman, Patricia Calderone, Daniel Beem

NORTHERN

INTAKE NUMBER 860-424-5221

Stephanie Booth/Desiree Pina - Intake Coordinator

Regional Ombudsmen

Brenda Texidor, Brenda Foreman, Lindsay Jesshop

